



## CLAIM FORM

**PLEASE RETURN YOUR COMPLETED FORM AND ALL DOCUMENTATION TO CLAIMS DEPARTMENT**

**Email: skgbsclaims@dhl.com**

**Customer to complete this section:**

Company Name:	
E-mail :	
Contact person name:	
Order Code :	
Customer Reference Nr.:	
Claim Reason:	
Claim amount (without VAT):	
Collection Date:	
Delivery Date / Date of incident:	
Was the shipment insured? If yes, please provide the insured value:	
Total gross weight of shipment:	
Weight of damaged / missing goods in kg:	
Description of damage of affected goods / missing goods (Items):	
Number of Damaged / missing pieces:	
Is repair possible? If yes, please write the repair costs (estimate):	
Any other information in relation to this claim:	
Bank details (in case of insurance claims):	
Please enclose copies of the following documents:	<ol style="list-style-type: none"> <li>1. Commercial invoice</li> <li>2. Packing list showing weight of individual items, if several in consignment</li> <li>3. Photos of damaged packaging / damaged goods (in case of damage)</li> <li>4. Evidence of salvage or that the goods cannot be repaired/destruction certificate (please do not destroy the goods without DHL approval).</li> <li>5. Transport invoice including insurance (in case insured claim)</li> <li>6. Certificate of Insurance (if available)</li> <li>7. Copy of Proof of Delivery (CMR,AWB,HAWB,DN,POD) signed by the consignee with valid reservation about damage/loss</li> <li>8.</li> </ol>